Docket No. 250213US2CONT

IN RE APPLICATION OF: Katsuaki MIYAWAKI, et al.

FILED:

March 29, 2004

FOR:

TANDEM IMAGE FORMING DEVICE AND IMAGE FORMING APPARATUS INCLUDING THE SAME

BEST AVAILABLE COP

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

SIR:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required

☐ No additional fee is required

☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 is claimed.

☐ Additional documents filed herewith:

The Fee has been calculated as shown below:

CLAIMS CLAIMS REMAINING			HIGHEST NUMBER PREVIOUSLY PAID	NO. EXTRA CLAIMS	RATE			CALCULATIONS	
TOTAL	21	MINUS	20	1	x	\$18	=	\$18.00	
INDEPENDENT	6	MINUS	5	1	х	\$88	=	\$88.00	
		☐ MULTIPLE DEPENDENT CLAIMS + \$300 =						\$0.00	
			\$106.00						
		☐ Reduction by 50% for filing by Small Entity ☐ Recordation of Assignment + \$40 =						\$0.00	
	•							\$0.00	
<u> </u>	TOTA							\$106.00	

- ☐ A check in the amount of \$0.00 is attached.
- ☑ Credit card payment form is attached to cover the fees in the amount of \$106.00
- Please charge any additional Fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.
- If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

Ruser

Gregory J. Maier

Registration No. 25,599

Customer Number

11/05/2004**2**2**8 5 0**00000001 150030 10810831

01 FC: Tel (703) 413-3008.00 DA Fax. (703) 413-2220 (OSMMN 05/03)

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Ronald A. Rudder, Ph.D. Registration No. 45,618

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10,810,831

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS ZO				minus 20=		. 0		X\$ 9=		OR	X\$1,8=	
INDEPENDENT CLAIMS of mi			inus 3 = * /				X43=		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=			+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL		OR OR	TOTAL	836	
2/29 / CLAIMS AS AMENDED - PART II								TOTAL		Un	OTHER	
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOP	Total	. 2	Minus	# 2	0	=		X\$ 9=		6п	X\$18=	1.
AMENDMENT	Independent	· 2	Minus	***	4	=		X43=	/	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					U		+145=	. (OR	+290=		
1-10-1					i	TOTAL		00	TOTAL			
5/17/04 ADDIT. FEE COlumn 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PRÉVIC PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. ·	RATE	ADDI- TIONAL FEE
OME	Total	• >0	Minus	-20	-	=		X\$ 9=		OR	X\$18=	•
MEN	Independent	• 4	Minus	*** '2	3	- /	7	X43=		OR	X86=	86
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=	
						E	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
10	128/04	(Column 1)		·(Colur	nn 2)	(Column 3)	•	ND011.7 CE 4				_
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE.	ADDI- TIONAL FEE
MON	Total	.21	Minus	** 2	0			X\$ 9=		OR	X\$18=	18
AME	Independent	• 6	Minus	###	4	= 2		X43=		OR	X86=	176
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+145=		OR	+290=	
• 1	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 							TOTAL			TOTAL ADDIT, FEE	154.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												